

00862.002906.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of:)
: Examiner: D. Tran
KAZUYOSHI SUMIUCHI)
: Group Art Unit: 2624
Application No.: 09/342,926)
: Confirmation No. 7299
Filed: June 30, 1999)
:
For: IMAGE PROCESSING)
: APPARATUS AND METHOD : March 17, 2005

MAR 17 2005

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER ALLOWANCE

Sir:

Prior to issue, please amend the above-identified application as follows.

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MAR 17 2005

FACSIMILE COVER SHEET**TO:** Examiner D. Tran, USPTO
GAU 2624**FROM:** Frank Cire**RE:** U.S. Application No. 09/342,926
Confirmation No. 7299
Our Ref. 00862-002906**FAX NO.:** 703-872-9306**DATE:** March 17, 2005**NO. OF PAGES:** 9
(including cover page)**TIME:** 12:40 pm**SENT BY:** SA**MESSAGE**

Attached is an Amendment After Allowance for filing in the above-identified application, for which the Issue Fee is due May 8, 2005.

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In re Application of:

KAZUYOSHI SUMIUCHI

Application No.: 09/342,926

Filed: June 30, 1999

For: IMAGE PROCESSING APPARATUS AND METHOD

Docket No. 00862.002906.

Confirmation No. 7299

Examiner: D. Tran

Group Art Unit: 2624

Date: March 17, 2005

Mail Stop Issue Fee
 THE COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Allowance in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 9	MINUS	** 20	= 0	x \$25 \$50	0
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$100 \$200	0
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank L. Cire
Attorney for Applicant
Registration No. 42,419

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